

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

061 23 1935

30674

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 6144, Louisiana) Registered No. 7420
St. Ward)

2. FULL NAME

Minna Pallen
(a) Residence, No. 6144 Louisiana St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gaty Pallen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 9 27

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

MOTHER FATHER
13. NAME (Unknown) Orr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Gaty Pallen
(ADDRESS) 6144 Louisiana

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dellefontaine DATE 9-4 1935

19. UNDERTAKER Southern Und. Co.
(ADDRESS) 6322 S. Grand

20. FILED SEP - 3 1935
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-2 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1935, to Aug 16 1935
I last saw her alive on Aug 16 1935. Death is said to have occurred on the date stated above, at 1307 A.M.

The principal cause of death and related causes of importance were as follows:
Carcinoma Uteri
Intestinal + Hepatic
Involvement 1934
Date of onset
Other contributory causes of importance: Ascaris

Name of operation Cypl. Laparotomy Date of Apr 6/35
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify W. D. Sufferbide, M. D.
(Signed) 3107 Arsenal St.
(Address) 9/2/35

Dr. Aufgebende
310300000

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